

**AURORA CHILDREN'S CENTRE/CARDINAL CARTER CHILDCARE CENTRE
Pre-Authorized Debit (PAD) Agreement**

I/We authorize Aurora Children's Centre/Cardinal Carter Childcare Centre and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Aurora Children's Centre/Cardinal Carter Childcare Centre account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account each month. Aurora Children's Centre/Cardinal Carter Childcare Centre will provide 10 days written notice of any fee increases and/or changes. Aurora Children's Centre/ Cardinal Carter Childcare Centre will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Aurora Children's Centre/Cardinal Carter Childcare Centre has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Aurora Children's Centre/Cardinal Carter Childcare Centre may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Payment options: Full payment on 1st or 15th or Split payment 1st & 15th

PLEASE PRINT	DATE: _____
These services are for (check one) <input type="checkbox"/> personal <input type="checkbox"/> business use	
Name: _____ Child's Name: _____	
Address: _____	
City/Town: _____ Province: _____ Postal Code: _____	
Phone Number:(Bus.) _____ (Res.) _____	
Financial Institution (F.I.): _____	
F.I. Account Number: _____ F.I. Transit Number: _____ (branch – 5 digits; F.I. – 3 digits)	
Address: _____	
City/Town: _____ Province: _____ Postal Code: _____	
Authorized Signature(s): _____	
Payment Option: _____	

PLEASE ATTACH A VOID CHEQUE